Mercy Medical Center-Clinton (MMC-C) completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors on April 24, 2015. MMC-C performed the CHNA in adherence with federal requirements for not-for-profit hospitals as set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment took into account input from representatives of the hospital, community members, and various community organizations.

The complete CHNA report is available electronically at www.mercyclinton.com, or printed copies are available at MMC-C.

Hospital Information and Mission Statement

Mercy’s primary service area (yellow highlighted), where the hospital draws approximately 83% of its admissions, includes the cities of Clinton (IA), Camanche (IA), Fulton (IL) and Savanna (IL). However, for the purposes of this plan, the analysis will look at the area encompassing both the hospital’s primary and secondary service areas (combined yellow and green highlighted areas) where Mercy draws approximately 90% of its admissions (see map below). The reason for taking this broader view is twofold: 1) it creates a contiguous geographic service area, and 2) Mercy is by far the major service provider in the zip codes that have been added. This larger area includes 16 zip codes in 4 counties in Iowa and Illinois.

The Mississippi River forms a natural boundary between the two states that the hospital serves because the city of Clinton’s has the only two bridges between Sabula, Iowa (to the north) and Bettendorf, Iowa (to the south). The river boundary impacts patient travel patterns and influences patient migration for service delivery. Clinton sits at the crossroads of highways 30 and 67.
Mission

We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and healing presence in our communities

Values

- Reverence - We honor the sacredness and dignity of every person.
- Commitment to Those Who are Poor - We stand with and serve those who are poor, especially those most vulnerable.
- Justice - We foster right relationships to promote the common good, including sustainability of Earth.
- Stewardship - We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.
- Integrity - We are faithful to who we say we are.

We believe that this report will convey the perceptions, attitudes and beliefs regarding health status and health needs within the MMC-C service area community.
Health Needs of the Community

Twenty three major issues were identified as a part of the Community Health Needs Assessment process. The source of these issues were public health data, various county health department planning efforts, a survey of low income individuals, and two minority focus groups. They include:

- Access to Care
- Mental Health Services
- Prescription Medications
- Diabetes
- Weight Loss and Physical Activity
- Tobacco Use
- Low Food Access
- Minority Health Insurance Enrollment
- Heart Disease/High Blood Pressure
- Senior Services
- Cancer Awareness/Prevention
- Low Birth Weight Babies
- Alcohol/Substance Abuse
- Air Quality/Asthma
- Dental Services
- Domestic Violence
- Immunization
- Language
- Lead Poisoning
- Radon
- Sexually Transmitted Diseases
- Teen Births
- Water Quality

A committee made up of representatives from the hospital and social services agencies rank ordered the priorities to be addressed by MMC-Clinton. The plan was eventually reviewed and approved by the hospital board.

The committee identified 12 priority health needs. The five top issues are identified below in order of priority:

<table>
<thead>
<tr>
<th>Access to Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Poverty remains a pervasive reality in the community, especially in the Illinois portion of the hospital’s service area. Transportation is another persistent problem in the community. Many poor and elderly patients do not have the means to get to the hospital or their doctor’s appointments.</td>
</tr>
</tbody>
</table>
## Mental Health

Access to mental health services continues to be a problem. Some of this is a function of affordability and some is the result of a shortage of needed mental health professionals. Specifically there is an acute shortage of psychiatrists in the community. At present patients may wait up to 2 months before seeing a psychiatrist for an outpatient visit, increasing the chances that the patient will use the ER in a mental health emergency. This problem is further complicated by the fact that there are no longer any psychiatrists with hospital inpatient privileges in town.

## Prescription Medications

Lack of access to prescription medications was identified as a significant issue by various groups that MMC-C sought input from as a part of its Community Health Needs Assessment process.

## Diabetes

- The incidence of diabetes in the community is high and on the rise. Education and community outreach efforts will play a key role in mitigating this health issues. Mercy is in the process of providing community education on diabetes management, nutrition and healthy lifestyles.

## Weight Loss and Low Physical Activity

- Based on the RWJ Foundation County Health Rankings, Clinton County has increased in adult obesity from 28% in 2010 to 30% in 2014. Clinton County went from a ranking of 90 out of 99 counties in Health Behaviors to 96 in 2014.

### Hospital Implementation Strategy

MMC-Clinton resources and overall alignment with the hospital's mission, goals and strategic priorities were taken into consideration of the significant health needs identified through the most recent CHNA process.

### Priority Health Needs to be Addressed

MMC-C will focus on developing and/or supporting initiatives and measure their effectiveness, to improve the following health needs:
Priority needs to be addressed:

- **Improve Access to Care** – There are two initiatives that MMC-C is pursuing to meet this need including direct financial support for a satellite community health center that will be opening in the summer of 2015. Mercy is also exploring ways to help provide transportation to low income individuals in needing medical care. A detailed need specific Implementation Strategy can be found on pages 8 and 9.

- **Mental Health**– MMC-C supports mental health needs through the provision of inpatient mental health services. While similar units across the State of Iowa have closed because of either financial losses or a shortage of psychiatrists, MMC-C continues to keep its unit open. The financial subsidy that MMC-C provides to this service is in the hundreds of thousands of dollars a year. To address a shortage of psychiatrist coverage, MMC-C developed an innovative tele-psychiatry initiative to staff the unit. A detailed need specific Implementation Strategy can be found on pages 10 and 11.

- **Prescription Medication Assistance** - During FY 2015 MMC-C initiated the "First Fill" program. The focus of the program was on making sure that Congestive Heart Failure patients discharged from the hospital had their needed prescriptions when they left the hospital. Starting in FY 2016 MMC-C plans to expand the program to a broader range of inpatients that have trouble affording their prescriptions. The new federally qualified community health center which is to open the summer of 2015 will offer reduced cost prescriptions for its patients this should have a significant impact on low income ambulatory patients ability to afford their prescriptions. A detailed need specific Implementation Strategy can be found on pages 12 and 13.

- **Diabetes Disease Management**– MMC-C’s primary diabetes disease management effort is the Health Coach program that the joint Mercy/Medical Associates Accountable Care/Clinically Integrated Network (ACO/CIN) has just created. The primary targets for this effort are MMC-C and Medical Associates patients with diabetes. MMC-C is also exploring additional diabetes community education. A detailed need specific Implementation Strategy can be found on pages 14-0 and 15.

- **Weight Loss and Low Physical Activity**- Mercy plans to work with a community coalition to educate approximately 350 students across the county on healthy behaviors. The education is provided on two levels, the children and their families. The children receive education and participate in activities that create an exciting environment to be healthy and encourage their family members to do the same. The curriculum includes interactive activities such as taste testing, using their plate for portion control, pedometers and simple physical activity tools such as jump ropes. A detailed need specific Implementation Strategy can be found on pages 16 and 17.

**Secondary Priorities:**

While not the top areas of focus for MMC-C’s Community Benefit Program, the hospital also plans to work on a variety of other health issues including:

- **Tobacco Use**: MMC-C plans to reinvigorate its community stop smoking efforts. While the programming will be open to everyone in the community including MMC-C employees, an increased focus on identified, discharged inpatients will be a particularly important part of the effort.
• Low Food Access: MMC-C plans to continue the food bank it established for employees and Home Healthcare patients. The hospital is also looking into creating a pool of hospital employee volunteers to help serve at local meal sites.

• Minority Health Insurance Enrollment: Focus groups conducted MMC-C clearly identified this as an issue for both Hispanics and African Americans. It is MMC-C’s intent to work with Genesis VNA, the hospital’s locally designated federal insurance exchange navigator, to sponsor additional insurance registration events targeted at these two groups.

• Heart Disease/High Blood Pressure: MMC-C has a long history of cardiac related screening events which it plans to continue. The hospital also participates with other community providers to sponsor free blood pressure checks. MMC-C offers checks every Tuesday morning in the hospital lobby.

• Senior Services: While this was greater problem for the outlying counties, the hospital is in the process of reviewing it long term care business line and how it might better reach out to residents of the surrounding counties. MMC-C is also starting a new community program designed to help senior reduce the likelihood of a fall.

• Cancer Awareness/Prevention: Continue with existing screening and education efforts.

• Low Birth Weight Babies: MMC-C plans to continue its prenatal education efforts with low income women in the community.

**Significant Health Needs that will not be addressed directly by MMC-C**

MMC-C acknowledges the wide range of priority health issues that emerged from the CHNA process and determined that it could effectively focus on only those health needs which it deemed most pressing, under-addressed, and within its ability to influence. MMC-C will not take action on the following health needs:

• Alcohol/Substance Abuse: It was felt that since MMC-C does not offer treatment in these areas service was best left to Gateway Impact Coalition and the Clinton Substance Abuse and Prevention Council. Mercy does provide the Gateway Impact Coalition with financial assistance.

• Air Quality and Asthma: Since MMC-C does not employee primary care physicians, it was felt best to leave this issue to be handled by local clinicians. The addition of a new federally qualified community health center in town should also reduce any access issues low income individuals might have seeking treatment.

• Dental: Access to dental care by low income individuals has been an identified issue in MMC-C’s service area for a long time. The opening of the new federally qualified community health center with dental facilities will go a long way to address this issue.

• Domestic Violence: MMC-C is an active reporter of domestic violence particularly of victims seen in the hospital’s emergency department. The YMCA has been the major provider of housing for domestic violence victims in MMC-C’s service area for a long time. YMCA programming has been negatively impacted by recent state regionalization. The Community in Need Subcommittee of the Mission Council did not feel MMC-C had the necessary facilities to address this need. However, it is an important need that the committee felt it should continue to monitor and legislatively advocate for in coordination with other community agencies.
• **Immunization**: While initial rates look lower than state rate, by kindergarten they improve greatly. This was felt to be an educational effort best handled by public health and local providers.

• **Language**: The language issue identified during the Community Health Needs Assessment process was primarily a physician office issue. Since MMC-C owns few physician practices and the practices the hospital does own are located in the hospital, they can take advantage of the hospital's language support systems.

• **Lead Poisoning**: This was clearly seen as a public health issue which the VNA/County Health is set up to address.

• **Radon**: This was also seen as a public health issue that was best addressed by the VNA/County Health.

• **Sexually Transmitted Diseases**: Women's Health Services already does significant education in the high school on this issue. Both Women's Health and VNA/County Health already offer testing.

• **Teen Births**: This issue identified through a variety of sources. As a Catholic health care organization, MMC-C plans to focus its efforts on supporting young women after they become pregnant. Efforts here include the provision of affordable prenatal education and participation in a State of Iowa pilot program to reduce infant deaths through the provision of free cribs.

• **Water Quality**: This issue was identified through the low income resident surveys. No public health data supported this as an issue as a result MMC-C does not plan to address.

This implementation strategy specifies community health needs that the hospital has determined to meet in whole or in part and that are consistent with its mission. The Hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During the three years ending June 2018, other organizations in the community may decide to address certain needs, indicating that the hospital should refocus its limited resources to best serve the community.
### CHNA IMPLEMENTATION STRATEGY
**FISCAL YEARS FY 2016 - 2018**

<table>
<thead>
<tr>
<th><strong>HOSPITAL FACILITY:</strong></th>
<th>Mercy Medical Center - Clinton</th>
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<tbody>
<tr>
<td><strong>CHNA SIGNIFICANT HEALTH NEED:</strong></td>
<td>Access to Health Care / Development of a Federally Qualified Community Health Center</td>
</tr>
<tr>
<td><strong>CHNA REFERENCE PAGE:</strong></td>
<td>20</td>
</tr>
<tr>
<td><strong>BRIEF DESCRIPTION OF NEED:</strong></td>
<td>Poverty remains a pervasive reality in the community, especially in the Illinois portion of the hospital’s service area. As a result, the Mercy emergency department has become the primary source of care for many low income and uninsured individuals. Transportation to medical services whether local or to more distant referral centers continues to be a problem.</td>
</tr>
<tr>
<td><strong>GOAL:</strong></td>
<td>Expand timely and appropriate access to medical care and other services for the uninsured by eliminating barriers and communicating availability.</td>
</tr>
<tr>
<td><strong>OBJECTIVE:</strong></td>
<td>Increase the percentage of individuals in Clinton County reporting that they have a personal physician on the annual health status survey conducted by the State of Iowa. Decrease reports by hospital staff that patients have transportation needs that hindered them from either seeking care or getting back home from care.</td>
</tr>
<tr>
<td><strong>ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:</strong></td>
<td>MMC-C worked with the Sister of St. Francis to assist Community Healthcare Inc. (a federally qualified community healthcare center located in Davenport, Iowa) to open a satellite clinic in Clinton, Iowa. Community Healthcare Inc. has already obtained nearly three million in federal grant dollars to build a new clinic. The clinic is anticipated to open during July of 2015. The hospital has also developed a new transportation assistance policy patterned after its sister facility in Boise, Idaho that will encourage staff to identify patients with transportation needs to be able to tap a hospital based fund to help patient with transportation costs.</td>
</tr>
<tr>
<td><strong>ANTICIPATED IMPACT OF THESE ACTIONS:</strong></td>
<td>Provide a real medical home for the poor and underinsured in MMC-C's service area. Make sure no one misses care due to a lack of affordable transportation.</td>
</tr>
<tr>
<td><strong>PLAN TO EVALUATE THE IMPACT:</strong></td>
<td>Impact will be measured by counting the number of patients served by the community health center by category of service, and the number of Mercy patients receiving transportation financial assistance.</td>
</tr>
<tr>
<td><strong>PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:</strong></td>
<td>The assistance that MMC-C and the Sister of St. Francis are providing takes the form of startup working capital. MMC-C will provide $300,000 over a two year period and the Sisters of St. Francis $500,000. The estimated cost for the transportation initiative in FY 2016 is $80,000.</td>
</tr>
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</table>
COLLABORATIVE PARTNERS: Community Healthcare Inc., City of Clinton, Sisters of St. Francis, United Way, Genesis Visiting Nurses Association, Clinton County Health Department, Clinton Community College, and the YWCA
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<thead>
<tr>
<th>HOSPITAL FACILITY:</th>
<th>Mercy Medical Center – Clinton</th>
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<tbody>
<tr>
<td>CHNA SIGNIFICANT HEALTH NEED:</td>
<td>Mental Health Service / Tele-psychiatry</td>
</tr>
<tr>
<td>CHNA REFERENCE PAGE:</td>
<td>20</td>
</tr>
<tr>
<td>PRIORITIZATION #:</td>
<td>2</td>
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</table>

**BRIEF DESCRIPTION OF NEED:** MMC-C’s service area has and continues to face a shortage of psychiatrists. Patients have had to wait up to 2 months before being seen by a psychiatrist on an outpatient basis. No psychiatrist in town has inpatient admitting privileges. This resulted in more patients presenting to the MMC-C emergency department. As a result, many patients had to be transferred to inpatient behavioral units outside of the community. Because many of the behavioral units in the region have closed, the transfer process became difficult with many patients remaining in MMC-C’s emergency department for hours or even days until an appropriate transfer facility could be identified.

**GOAL:** Improve access to appropriate outpatient and inpatient behavioral health treatment for individuals.

**OBJECTIVE:** Measure timeliness of care for inpatient behavioral health patients presenting in MMC-C’s emergency department.

**ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:**
- Continue to operate MMC-C’s inpatient behavioral health unit using telemedicine psychiatry services.
  - Legislation continues to be introduced in the state legislator which would greatly limit MMC-C’s ability to provide this service. Communicate with state legislators to explain the need for telemedicine psychiatry services.
  - Explore with Mercy Health Network the possibility of developing its own tele-psychiatry service to improve availability and affordability.
- Continue to offer rent subsidy to Bridgeview Community Mental Health Center to help guarantee access to outpatient behavioral health services. Mercy is also supportive of Bridgeview efforts with Clinton County to develop outpatient and homecare services aimed at reducing the need of the chronically mentally ill to seek inpatient services.

**ANTICIPATED IMPACT OF THESE ACTIONS:** Maintain quality, timely outpatient and acute behavioral health services in MMC-C’s service area.

**PLAN TO EVALUATE THE IMPACT:** As a part of MMC-C’s annual Community Benefit reporting, measure the number of behavioral health patients that were transferred out of the hospital’s emergency department to another facility.
PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT: The MMC-Cl will continue to contract with FAS Psych out of Phoenix to provide emergency department and inpatient psychiatric coverage. This involves a nearly $180,000 per year subsidy for just the tele-psych service. Rent subsidy for the Bridgeview Community Mental Health Center ranges is approximately $500,000 per year using Medicare cost report numbers to calculate the value.

COLLABORATIVE PARTNERS: Bridgeview Community Mental Health Center and the Clinton County Central Point of Care Coordination Coordinator
**CHNA IMPLEMENTATION STRATEGY**
**FISCAL YEARS FY 2016 - 2018**

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<tr>
<th>HOSPITAL FACILITY:</th>
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<tbody>
<tr>
<td>CHNA SIGNIFICANT HEALTH NEED:</td>
<td>Prescriptions / First Fill Pharmaceutical Program</td>
</tr>
<tr>
<td>CHNA REFERENCE PAGE:</td>
<td>20</td>
</tr>
<tr>
<td>PRIORITIZATION #:</td>
<td>3</td>
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</table>

**BRIEF DESCRIPTION OF NEED:** Poverty remains a pervasive reality in the area, especially in the Illinois portion of the hospital’s service area. Both provider and user focus groups reported problems with people being able to afford prescription medications.

**GOAL:** Improve the health status of community residents by creating a system that increasing access to needed medication regardless of an individual's ability to pay for their prescriptions.

**OBJECTIVE:** The goal of the program is to reduce the number of inpatients being readmitted to the hospital's emergency department or inpatient units by reducing the financial barriers some patients face in filling their prescriptions. Specifically maintain a less than 16.5 readmission rate for patients participating in the program.

**ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED**
During FY 2015 MMC-C initiated the "First Fill" program. The focus of the program was on making sure that Congestive Heart Failure patients discharged from the hospital had their needed prescription when they leave the hospital regardless of their ability to pay. Starting in FY 2016 MMC-C plans to expand the program to a wider range of financially challenged patients being discharged from the hospital. The process for identifying patients is as follows:
- MMC-C discharge planners will identify high risk patients who might benefit from “First Fill” medications.
- The discharge planners will notify pharmacy prior to discharge to coordinate a 30 day medication fill.
- Pharmacy will dispense a 30 day fill and complete education prior to discharge.
- "First Fill" meds will potentially be provided to patients discharging to Home or Home Care. The program will not be offered to patients being discharged to skilled care or another hospital.

Additionally during FY 2016 MMC-C plans to explore an expanded pharmacy assistance program using Amicore volunteers, and sign up with the Dispensary of Hope program to obtain now cost drugs donated by national pharmaceutical companies. The new federally qualified community health center in town, which MMC-C will be a financial sponsor of will also offer prescriptions to clients at below market prices.

**ANTICIPATED IMPACT OF THESE ACTIONS:** Reduce the number of inpatients being readmitted to the hospital's emergency department or inpatient unit by reducing the financial barriers some patients face in filling their prescriptions.

**PLAN TO EVALUATE THE IMPACT:** Discharge planners will maintain statistics on all patients in the program. This data will be reported back to the quality department monthly.
**PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:** The overall program will involve an investment of time and money from a variety of hospital departments, this will involve a commitment of pharmacist time and the donation of drugs for those who cannot afford them.

**COLLABORATIVE PARTNERS:** Patients/family members, primary care physicians, hospital pharmacy, hospitalists, clinical acute care staff, social services/discharge planners and health coaches.
CHNA IMPLEMENTATION STRATEGY
FISCAL YEARS FY 2012 – 2015

HOSPITAL FACILITY: Mercy Medical Center – Clinton

CHNA SIGNIFICANT HEALTH NEED: Diabetes Management Initiative

CHNA REFERENCE PAGE: 21 PRIORITIZATION #: 4

BRIEF DESCRIPTION OF NEED: MMC-C’s present and previous Community Health Needs Assessments have clearly identified the incidence of diabetes as one of the communities’ primary unmet health needs.

GOAL: Improve individual’s quality of life through better management of their disease. This in turn should help to reduce emergency department and/or inpatient admissions.

OBJECTIVE: While the overall goal is to integrate and improve care for all patients regardless of their economic condition. The poor represent a disproportionate number of individuals with this as a primary diagnosis of either Type 1 or 2 Diabetes (ICD-9 code 250.xxx).

ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED: In response to this need MMC-C has partnered with Medical Associates Clinic, the largest physician clinic in the community, to create an Accountable Care Organization/Clinically Integrated Network. Diabetic patients have been identified as one of the key patient types to focus on to improve health status. Specific activities include:
• Implementing chronic disease management process using health coaches to reduce short and long term complications for patients.
• Provide preventive care services using American Diabetes Association evidence-based guidelines.
• Monitoring and report diabetes care outcome for patients seen in the program.
• Increase the number of community education offering surrounding diabetes.

ANTICIPATED IMPACT OF THESE ACTIONS: Clinical targets for participating

<table>
<thead>
<tr>
<th>Hemoglobin</th>
<th>HbA1c&lt;7.0% Good Control</th>
<th>43.48%</th>
<th>July 1, 2012</th>
<th>&gt;=40%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HbA1c&gt; 9.0% Poor Control</td>
<td>21.74%</td>
<td>July 1, 2012</td>
<td>&lt;21%</td>
</tr>
<tr>
<td></td>
<td>HbA1c Test Screening</td>
<td>95.83%</td>
<td>July 1, 2012</td>
<td>&gt;=93%</td>
</tr>
<tr>
<td>LDL</td>
<td>LDL&lt;100</td>
<td>79.17%</td>
<td>July 1, 2012</td>
<td>&gt;=53%</td>
</tr>
<tr>
<td>LDL</td>
<td>LDL Screening</td>
<td>100%</td>
<td>July 1, 2012</td>
<td>&gt;= 88%</td>
</tr>
<tr>
<td>Diabetic Retinal or Diabetic Eye</td>
<td>0%</td>
<td>July 1, 2012</td>
<td>&gt;= 71%</td>
<td></td>
</tr>
<tr>
<td>Retinal Disease Exam Screening</td>
<td>0%</td>
<td>July 1, 2012</td>
<td>&gt;=71%</td>
<td></td>
</tr>
<tr>
<td>Kidney Function</td>
<td>Microalbumin Test Screening</td>
<td>70.83%</td>
<td>July 1, 2012</td>
<td>&gt;= 84%</td>
</tr>
<tr>
<td>Neuropathy</td>
<td>Foot Exam Screening</td>
<td>75.00%</td>
<td>July 1, 2012</td>
<td>&gt;= 71%</td>
</tr>
<tr>
<td>Blood</td>
<td>BP &lt; 130/80 Good</td>
<td>62.50%</td>
<td>July 1, 2012</td>
<td>&gt;= 68%</td>
</tr>
<tr>
<td>Pressure Control</td>
<td>BP Test Screening</td>
<td>100%</td>
<td>July 1, 2012</td>
<td>&gt;= 95%</td>
</tr>
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**PLAN TO EVALUATE THE IMPACT:** ACO/CIN Health Coaches will report patient volumes and clinical outcomes monthly. MMC-C's Community Health and Wellness Coordinator will annually report educational participation.

**PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:** The time of the ACO/CIN health coaches and MMC-C's Community Health and Wellness Coordinator. The cost of tracking software.

**COLLABORATIVE PARTNERS:** MMC-C will continue to work with the Community Diabetes Education Advisory Board to help develop diabetes awareness and education programming. Community Healthcare Inc., the new federally qualified community health center which MMC-C is a sponsor has also identified diabetes as a major focus. In future years MMC-C and Medical Associates anticipate that Community Healthcare Inc. and other primary care physicians in the community will join the ACO/CIN.
### CHNA IMPLEMENTATION STRATEGY
FISCAL YEARS FY 2016 - 2018

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<tr>
<th>HOSPITAL FACILITY:</th>
<th>Mercy Medical Center - Clinton</th>
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<tbody>
<tr>
<td>CHNA SIGNIFICANT HEALTH NEED:</td>
<td>Weight Loss and Low Physical Activity</td>
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<tr>
<td>CHNA REFERENCE PAGE:</td>
<td>21</td>
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#### BRIEF DESCRIPTION OF NEED:
Based on the RWJ Foundation County Health Rankings, Clinton County has increased in adult obesity from 28% in 2010 to 30% in 2014. Clinton County went from a ranking of 90 out of 99 counties in Health Behaviors to 96 in 2014.

#### GOAL:
To educate and motivate elementary school-aged children in Clinton County in healthy lifestyles.

#### OBJECTIVE:
The Clinton County Healthy Lifestyles Coalition will provide education to the children and their families about factors that contribute to childhood obesity and promote healthy lifestyles that can effectively counteract unhealthy habits. The Coalition will produce change on two levels: the student and the family.

#### ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:
Mercy will educate approximately 350 students across the county during before or after school based programs on healthy behaviors. The education is provided on two levels, the children and their families. The children receive education and participate in activities that create an exciting environment to be healthy and encourage their family members to do the same. The curriculum includes interactive activities such as taste testing, using their plates for portion control, pedometers and simple physical activity tools such as jump ropes.

#### ANTICIPATED IMPACT OF THESE ACTIONS:
The anticipated impact will be that 350 elementary children will be educated on the importance of health eating and physical activity, 75% of the children will be able to identify 3 new health behaviors they have learned and several elementary schools in Clinton County will receive at least one 8 week session on the healthy behaviors program.

#### PLAN TO EVALUATE THE IMPACT:
All children begin with a pre survey to evaluate their knowledge of healthy eating and biometrics are measured. The measurements include; BMI, waist and blood pressure. At the end of the 8 week class, the children are given the post survey and measurements are taken again.

#### PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:
The hospital provides the two educators to develop, plan and teach the classes. A dietitian and the Community Health and Wellness (CHW) Coordinator teach the classes. The CHW coordinator sets up the times and locations for each session. All of the pre/post measurements and survey are implemented by the dietitian and CHW professional. Class preparation and evaluation summary is reported by the CHW coordinator. The two health care professionals provide their own transportation to all schools in the County – Delmar, Gooselake, Camanche, and Clinton. The cost of these hospital resources are covered by a grant for at least the first and second years of the program.
Adoption of Implementation Strategy

On April 24, 2015 the Board of Directors for MMC-C, met to discuss the Implementation Strategy for addressing the community health needs identified in the FY 2016 - 2018 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and the related budget. The plan will be reviewed annually to evaluate progress.

Name: Sean Williams
Title: President/CEO Mercy Medical Center-Clinton